

EXHIBIT 8

DMC AUTHORIZATION FOR RELEASE OF INFORMATION/LIABILITY



6-17-17

El-Khalil, Ali A., D.P.M.

Full Name (PLEASE PRINT)

Date

For purposes of this authorization, "hospital(s)", means The Detroit Medical Center ("DMC"), each Detroit Medical Center hospital(s), DMC CARE (DMC owned and/or affiliated managed care plans), "any entity for which DMC performs delegated credentialing or recredentialing services" DMC Professional Liability Program ("DMC PLP"), DMC Physicians Group to which I am applying for medical staff(s) privileges and/or membership and includes members of its board of trustees, its medical staff(s), its administration and any other employee or agent of the hospital(s) having responsibility for collecting information, evaluating my competence and qualifications; or acting upon this application; "Information" includes all records, documents, medical records, and otherwise privileged or confidential information; "Competence and qualifications" including clinical ability, professional ethics, character, physical and mental health, emotional stability, ability to work with others, and moral and other qualifications for medical staff appointment(s), reappointment(s) and clinical privileges; and "third-parties" include without limitation (i) other hospitals and their trustees, directors, employees or agents, medical staffs and associations, (ii) licensing boards, (iii) other organizations and persons concerned with provider or physician performance or the quality and efficiency of patient care, (iv) malpractice carriers and other providers of professional liability coverage, and (v) the National Practitioner Data Bank.

AUTHORIZATION

By applying for appointment or reappointment to the medical staff(s) of the hospital(s):

- A I authorize the hospital(s) to consult with all third parties with whom or which I have been associated concerning my competence and qualification, or with any third parties who may have information bearing thereon (including malpractice carriers and defense counsel), and to receive and utilize any information received in response thereto, and to inspect any and all information which may be material to my qualifications and competence and I hereby release all third parties who provide information to hospital(s), from any and all liability for the transmittal in good faith and without malice of any information bearing on my qualifications and competence; in connection with any such request for but not limited to appointment and reappointment of medical staff(s) privileges and/or membership;
- B If the hospital(s) seek to gather information relating to my competence and qualifications from current or prior professional liability claims in which I am or was represented by counsel, I hereby waive any attorney-client privilege, whether such privilege is granted by the statutes or case law of the State of Michigan or any other jurisdiction, and I hereby release any attorney or other person from any and all liability in connection with the release of such information to the hospital(s).
- C I authorize and release the hospital(s) from all liability for forwarding to any other hospital(s) or entity to which I may apply for privileges any information concerning me, my competence and qualifications, as hospital(s) has at the time of my application for appointment or hereafter acquires in accordance with the medical staff(s) bylaws;
- D I authorize and release the hospital(s) from all liability for forwarding to any affiliate of the hospital(s) copies of my application for appointment and/or membership including all attachments, and if appointed to the medical staff(s) of hospital(s), any and all information regarding any proceedings or action taken by hospital(s) regarding appointment, reappointment, and/or clinical privileges (including the granting, extension, reduction, suspension or termination thereof), utilization review of quality assurance information and any other information including without limitation information received from the National

Practitioner Data Bank concerning my competence and qualifications which hospital(s) has at the time of my application for medical staff appointment(s) or hereafter acquires;

- E I release from all liability the hospital(s) and all third parties from any statements made or any action taken in good faith and without malice in connection with this application or any other applications made simultaneously herewith, and in connection with any proceedings for reappointment, and/or clinical privileges (including the granting, extension, reduction, suspension or termination thereof), or in connection with a transfer to any other department or section of the medical staff(s), or in connection with any other form of review of my qualifications and competence or of my professional practices in the hospital(s) conducted in accordance with the medical staff(s) bylaws;

UNDERSTANDING & COMMITMENT

- F I express my willingness to appear for interviews with all individuals and before all committees of the medical staff(s) which may be requested of me by hospital(s) in regard to my application.
 - G I acknowledge that I have received, or been given access to, the bylaws of the medical staff(s) and articles of incorporation and bylaws of the hospital(s) to which I have applied.
 - H I agree to abide by the bylaws of the medical staff(s), and for clinical privileges, and by such rules and regulations as the medical staff(s) or any department thereof may from time to time enact, as the same may be amended from time to time. If I am granted appointment or clinical privileges at the hospital(s), I agree to conform to the then current articles of incorporation and bylaws of the hospital(s), their policies, including the DMC Code of Conduct. Further I agree to complete compliance and sexual harassment prevention training required during the term of my appointment. Whether or not I am granted appointment or clinical privileges at the hospital(s), I agree to be bound by the Medical Staff and hospital(s) rules and policies in all matters relating to the consideration of my application for appointment and reappointment;
 - I If I am granted staff appointment(s) and clinical privileges, I agree to abide by all ethical requirements of the bylaws of the medical staff(s), including, without limitation, the requirement to provide for continuous care and supervision of my patients. I pledge to maintain the highest ethical standards and to abide by the codes and principles of ethics of my state and national professional societies and associations.
- I further agree to abide by the professional practice act of the State of Michigan under which I am licensed. I pledge to maintain the standards of, and meet the requirements of, the Michigan Department of Public Health and the Joint Commission on Accreditation of Healthcare Organizations, so that hospital(s) may receive full licensure and accreditation at all times. I agree that I will not participate in any form of fee splitting. In complying with this principle, I understand that I am not to collect fees for others referring patients to me, nor permit other physicians or surgeons to collect fees from me;
- J I agree that the decision of the board of trustees on this or any other application or proceeding concerning my appointment(s) or privileges shall be final and binding;
 - K I agree to keep the hospital(s) informed of the status, and any changes in status, of professional liability coverage and professional liability claims

El-Khalil, Ali A., D.P.M./ 010172

JUN 20 2017

that may from time to time be brought against me. I also agree to keep the hospital(s) informed of any adverse actions taken or proposed to be taken against me by peer review organizations, the state licensing board, and other hospital(s) or health care entities with which I am also affiliated;

- L** I agree that, in connection with the health history requested in this application in any situation in which my physical or mental health is at issue, I will waive, in favor of the hospital(s), its agents and employees, and all members of its board of trustees, administration and medical staff(s), any medical or physician-patient privilege relating to such physical or mental condition, whether such privilege is granted by the statutes or case law of the State of Michigan or any other jurisdiction, or is granted by the provisions of federal regulations relating to alcohol and drug abuse. I do agree to release, and I do hereby release any physician, hospital(s) or other person or entity providing such information, from any and all liability for the release of any information which, except for such waiver, would be privileges and confidential; I further agree to facilitate the release of such information by providing appropriate release and authorization forms; I understand that, in the event that any physician or hospital(s) continues to refuse to provide such information, the hospital(s) shall give no further consideration to my application for a staff appointment(s) or membership, and privileges, if previously granted, shall be terminated;
- M** I further specifically acknowledge that the provisions of the medical staff(s) relating to confidentiality and release from liability are express conditions of my application for, and acceptance of, medical staff appointment(s) and the continuation of such appointment(s) and to my exercise of clinical privileges;
- N** I understand and agree that I, as an applicant for a medical staff appointment(s), have the burden of producing adequate information for proper evaluation of my competence and qualifications, and for resolving any doubts about such competence and qualifications;
- O** I understand that I am obligated to disclose in the above application all information which would be material to my being granted a medical staff appointment(s) of this hospital(s), and further understand that any misstatement(s) in, or omission(s) from, this application will constitute cause for denial of appointment, reappointment, or cause for summary dismissal from the medical staff(s);

I hereby represent that all information submitted by me in this application is true and complete to the best of my knowledge and belief.

Signature of Applicant
JCC 2.26.08 (revised)

ATTACHMENT A

- P** I understand that under the Health Care Quality Improvement Act of 1986, as amended, the hospital(s) are required to query the National Practitioner Data Bank and to include the response from that agency in the materials to be reviewed by persons involved in the credentialing process. I also understand that the hospital(s) are required by law to advise the National Practitioner Data Bank of any adverse action which it takes with regard to a physician or dentist's application for staff privileges (i.e. active, courtesy), application for increase of privileges, if the hospital(s) decisions are based upon a physician or dentist's level of competency or upon any act of improper professional conduct. I understand that the hospital(s) have elected to comply with the voluntary or permissive reporting of any action taken by the hospital(s) with regard to applications of licensed health care practitioners other than physicians and dentists. For purposes of Health Care Quality Improvement Act an adverse action includes, but is not necessarily limited to a decision to deny privileges, or to grant privileges at a lower level than applied for, where the decision is based upon an evaluation or competence or an act of improper professional conduct. I further understand that the hospital(s) may query and/or report to any other data bank or agency which may be required by Federal or State law, and include responses from such queries in the materials to be reviewed by persons involved in the credentialing process.
- Q** In the event I am applying to participate in DMC owned and/or affiliated managed care plans, I understand that references in this Authorization for Release of Information form to medical staff "appointment(s)" or "reappointment(s)" to the medical staff(s) shall be deemed to mean designation as a participating member of DMC owned and/or affiliated managed care plans. I understand, unless otherwise indicated, any DMC employed and/or faculty physician will be considered as applying for membership in DMC owned and affiliated managed care plans. I also understand that references to "medical staff(s) bylaws" shall be deemed to mean the DMC owned and/or affiliated managed care plan participation and/or appointment standards, whether in the form of medical staff(s) bylaws, rules, regulations or otherwise; and
- R** I understand that the term "Detroit Medical Center Hospitals" shall mean and include Children's Hospital of Michigan, Detroit Receiving Hospital and University Health Center, Harper Hospital, Huron Valley Sinai Hospital, Hutzel Hospital, Rehabilitation Institute of Michigan, and Sinai-Grace Hospital, any successors and assignees of the foregoing, and any other designee of The Detroit Medical Center for credentialing for the purposes of managed care plans.

Date